

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	60	↔	↔	↔	↔	↔
TOTAL CLAIMS	63	████████	████████	████████	████████	████████

	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.		↔	↔	↔	↔	↔
TOTAL DEP.		↔	↔	↔	↔	↔
TOTAL CLAIMS	63	████████	████████	████████	████████	████████